COBRA PARTICIPANTS

PLAN/COVERAGE DESCRIPTION		2021 TOTAL MONTHLY PREMIUM	MONTHLY ADMIN FEE	PARTICIPANT MONTHLY SHARE
CONTRA COSTA HEALTH PLAN - BASIC PLAN A				
Employee on Basic Plan		\$1,056.79	\$21.14	\$1,077.93
Employee & 1 or more dependents on Basic Plan	an	\$2,517.84	\$50.36	\$2,568.20
CONTRA COSTA HEALTH PLAN - BASIC PLAN B				
Employee on Basic Plan		\$1,171.46	\$23.43	\$1,194.89
Employee & 1 or more dependents on Basic Plan		\$2,783.58	\$55.67	\$2,839.25
Employee & 1 of more dependents on basic Fig.	311	72,763.36	\$33.07	72,033.23
KAISER PERMANENTE - BASIC PLAN A				
Employee on Basic Plan		\$993.36	\$19.87	\$1,013.23
Employee & 1 or more dependents on Basic Plants	an	\$2,314.54	\$46.29	\$2,360.83
KAISER PERMANENTE - BASIC PLAN B				
Employee on Basic Plan		\$809.92	\$16.20	\$826.12
Employee & 1 or more dependents on Basic Pla	an	\$1,887.12	\$37.74	\$1,924.86
HEALTH NET HMO PLAN - BASIC PLAN A			4	
Employee on Basic Plan		\$1,861.66	\$37.23	\$1,898.89
Employee & 1 or more dependents on Basic Plants	an	\$4,561.07	\$91.22	\$4,652.29
HEALTH NET HMO PLAN - BASIC PLAN B				
Employee on Basic Plan		\$1,294.56	\$25.89	\$1,320.45
Employee & 1 or more dependents on Basic Plan	an	\$3,171.67	\$63.43	\$3,235.10
HEALTH NET PPO PLAN - BASIC PLAN A				
Employee on PPO Basic Plan		\$3,068.33	\$61.37	\$3,129.70
Employee & 1 or more dependents on PPO Basic Plan		\$7,302.63	\$146.05	\$7,448.68
DELTA DENTAL PREMIER PPO - \$1,800 Annual Maximum				
For CCHP Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
For Health Net Plans	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
For Kaiser Permanente Plans	Frankovaa	Ć46 F2	¢0.03	¢47.45
FOI Raisei Perinanente Pians	Employee	\$46.52 \$105.08	\$0.93 \$2.10	\$47.45 \$107.18
	Family	\$105.06	\$2.10	\$107.16
Without a Health Plan	Employee	\$46.52	\$0.93	\$47.45
	Family	\$105.08	\$2.10	\$107.18
DELTA CARE (HMO)				
For CCHP Plans	Employee	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
For Health Net Plans	Employee	\$25.35	\$0.51	\$25.86
To Treatm Weet land	Family	\$54.78	\$1.10	\$55.88
		ψ3 1.70	71.10	-
For Kaiser Permanente Plans	Employee	\$25.35	\$0.51	\$25.86
	Family	\$54.78	\$1.10	\$55.88
Without a Hoalth Plan	Employee	לאב אב	¢0 E1	¢ae oe
Without a Health Plan	Employee Family	\$25.35 \$54.78	\$0.51 \$1.10	\$25.86 \$55.88
	raililly	<i></i> ,254./δ	\$1.1U	ېئ.د <i>و</i> چ